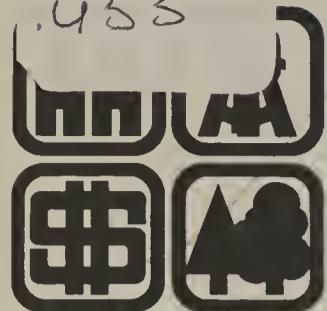


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ON RURAL DEVELOPMENT RESOURCES

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THE PUBLIC HEALTH SERVICE'S RURAL HEALTH INITIATIVE

WHAT IS THE RURAL HEALTH INITIATIVE? The Rural Health Initiative (RHI) is a Public Health Service (PHS) effort to integrate a number of Federal health programs to improve the delivery of health care to rural residents. The RHI, which is administered by the Bureau of Community Health Services in the Department of Health, Education, and Welfare (HEW), integrates the health care resources of various HEW programs and those of other Federal, State, and local agencies. Included in the RHI are the Community Health Centers, Migrant Health, National Health Service Corps, Family Planning, Maternal and Child Health, Appalachian Health, and Health Underserved Rural Areas (HURA) programs. Other HEW programs whose resources may be used in the RHI include the Community Mental Health Centers, Drug Abuse, Emergency Medical Services, and National Institute on Alcohol Abuse and Alcoholism programs. The Rural Health Initiative is carried out through RHI projects at the local level.

The HURA program--unlike the other RHI programs listed above--is a research and development effort concerned with new concepts and innovative methods of delivering and financing health care services in rural areas. It is authorized under research provisions of the Social Security Act (Section 1110) and is funded under the Medicaid part of that act (Title XIX).

WHAT IS THE RURAL HEALTH INITIATIVE'S PURPOSE? The RHI's purpose is to improve accessibility, availability, and quality of primary health care services in rural areas that have been identified as having critical health manpower shortages or as being medically underserved. In working to achieve this purpose, the RHI combines existing separate rural health care services into integrated delivery systems. The aim is to demonstrate how local comprehensive rural health care systems can be formed that not only are self-sufficient but also provide career opportunities to attract and retain physicians and other health professionals in rural communities.

The HURA program supports the RHI through its research and demonstration activities. HURA's goals are to integrate primary care services into a complete system of rural health care delivery that is financially viable, professionally attractive, and able to become self-sustaining; and to develop mechanisms to provide better health care to rural people, including those eligible for Medicaid.

WHERE DO RHI PROJECTS OPERATE? Since the RHI is for rural areas in need of health care services and/or health care manpower, projects that apply for RHI assistance must be in areas designated or designatable as one or more of the following:

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Impact Area or High Migrant and Seasonal Agricultural Worker Impact Area; or High Infant Mortality Area. (The criteria used to arrive at such designations are available from HEW Regional Offices.) Priority for RHI funding will be given to projects in areas with the greatest number of these designations.

A project in a rural community or area that does not specifically meet the criteria for the designations above may be eligible to apply for HURA program funds. It is the general intent of the HURA program to serve medically underserved areas, but exceptions can be made for projects which would demonstrate innovative approaches to the delivery of health care in rural areas.

WHO MAY APPLY FOR RHI ASSISTANCE? Grants will be available to any public or private nonprofit organization able to meet the applicable program requirements and to provide or arrange for the provision of primary health care services in medically underserved areas.

Applicants for RHI assistance must provide for the delivery of health care services as required by the individual programs from which assistance is sought and must meet any other requirements of those particular programs.^{1/}

An applicant for HURA funds must currently be a financially self-sufficient provider of primary care and willing to expand its services into medically underserved areas, or have a formal written agreement with another organization for the provision of primary health care services in the underserved area.

WHAT KIND OF ASSISTANCE IS AVAILABLE?

Operational Grants. RHI operational grants for each year of a proposed 3-year project support period will generally range from \$25,000 to a maximum of \$200,000. Amounts of the awards are influenced by the size of the service area, the expected population to be served, and the range of health care services to be delivered. The applicant must document needs for the assistance in the grant application.

Planning and Development Grants. RHI planning and developmental grants may be made in areas with great medical needs^{2/} and few people familiar with health care and health planning, and few or no organizations capable of implementing a primary health care service delivery program. In such areas the greatest chance for success can frequently be expected when projects are planned, operated, and managed by the community; therefore, applicants are encouraged to use local and outside resources in a balanced way.

Planning and development grants may be awarded in two stages. In the first stage, funds will be made available for assessing the need for a health care delivery project, and developing an implementation plan. Grants will normally be limited to \$25,000 for a 6-month period. Upon completion of the first stage and following a judgment by the PHS Regional Health Administrator that the project will

^{1/} See "Program Guidance Material for RHI/HURA Grants," a Bureau of Community Health Services (HEW) publication.

^{2/} At least one county in the service area must come under three of the four area designations mentioned earlier, such as Critical Health Manpower Shortage Area.

meet the requirements of an operating rural health project and applicable program regulations by the end of the support period, funds up to \$175,000 for a 12-month period may be made available under the initial grant award for carrying out the second stage. A second grant award, of up to \$200,000 for a 12-month period, may be made if in the judgment of the regional health administrator the additional time and support is necessary for the project to become fully operational. Upon successful implementation of the planning and developmental stages, projects will be eligible for operational support for a maximum of 2 years.

HURA Research Grants. HURA research grants will be available to financially stable health care delivery organizations to expand their operation through additional staff, expansion of present facilities, or new service sites. HURA will, following each funding cycle, choose certain grantees for the collection of data needed for evaluating this systems approach to solving rural health care problems. Experience suggests that development of new alternatives for health care financing are essential to the support of a rural health care system. The critical nature of this issue as it relates to the Medicaid-eligible population has prompted the HURA program to give priority in funding to State Medicaid agencies.

Overall Grant Conditions. All applications for RHI assistance (including HURA assistance) must be reviewed and approved by the area's health systems agency and/or other appropriate health planning agency. Health systems agency approval must be obtained 60 days prior to the anticipated grant awards dates. All applications must also receive A-95 clearance.

Grant Award Dates. The next grant award date is September 9, 1977. Applications must be received by the HEW Regional Health Administrators on or before May 11, 1977. Information on subsequent grant award dates can also be obtained from the Administrators.

Funding Extensions. It is expected that all projects will move toward becoming independent of grant funds made available under the RHI development effort. It is recognized, however, that there will be situations in which even the most efficient and well-organized health care project may require continued Federal support because of local economic circumstances. The continuation of such support beyond the first 3 years of RHI funding will be contingent on an assessment by the appropriate HEW Regional Office that the project is performing in the most efficient manner possible and that there is a continuing need for the service in the area.

WHERE IS APPLICATION MADE? Application should be made to the appropriate regional health administrator of the Department of Health, Education, and Welfare. Applications, additional information, and preapplication technical assistance are available through these regional contacts, whose addresses and telephone numbers are given below:

HEW REGIONAL HEALTH ADMINISTRATORS

Region I	Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont	John F. Kennedy Federal Bldg. Boston, Mass. 02203 (617) 223-6827 FTS: 223-6827
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Region II	New York, New Jersey, Puerto Rico, Virgin Islands	26 Federal Plaza New York, N.Y. 10007 (212) 264-2560 FTS: 264-2560
Region III	Delaware, Maryland, Pennsylvania, Virginia, West Virginia, District of Columbia	P.O. Box 13716 Philadelphia, Pa. 19101 (215) 596-6637 FTS: 596-6637
Region IV	Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee	50 Seventh Street, N.E. Atlanta, Ga. 30323 (404) 881-4007 FTS: 257-4007
Region V	Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin	300 South Wacker Drive Chicago, Ill. 60606 (312) 353-1385 FTS: 353-1385
Region VI	Arkansas, Louisiana, New Mexico, Oklahoma, Texas	1200 Main Tower Building Dallas, Tx. 75202 (214) 655-3879 FTS: 729-3879
Region VII	Iowa, Kansas, Missouri, Nebraska	601 East 12th Street Kansas City, Mo. 64106 (816) 374-3291 FTS: 758-3291
Region VIII	Colorado, Montana, North Dakota, South Dakota, Utah, Wyoming	19th and Stout Streets Denver, Co. 80202 (303) 837-4461 FTS: 327-4461
Region IX	Arizona, California, Hawaii, Guam, Nevada, Trust Territory of Pacific Islands, American Samoa	50 United Nations Plaza San Francisco, Ca. 94102 (415) 556-5810 FTS: 556-5810
Region X	Alaska, Idaho, Oregon, Washington	Arcade Plaza 1321 Second Avenue Seattle, Wa. 98101 (206) 442-0430 FTS: 399-0430

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